U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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For Official Use Only
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3 Recd
E Wilson
3.11.

1. File Number U - 10 U5 8

3. Name and address of person filing

P.O. Box, Bldg., Room No., if any

Name WILLIAM

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

01/01/2000 Through 12/81/2004

Name PRINTING PRESSMEN UNION #9

4 Name, file number, and address of labor organization.

Labor Organization File Number 03 0495

P.O. Box, Building and Room Number, if any

-	ONVILLE ROAD		
Dity PROSPECT	•	City PROSPECT	
itate PA.	ZIP Code + 4 /6 052	State PA.	ZIP Code + 4 / 4 0 5 2
Position in labor organization.	PRES IDENT		
Enter appropriate data below	r If, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectusions set forth in the instruct.ors):	tly had any of the following interests
Held an interest in, engage onetary value from an emp	d in transactions (including loans) with, or loyer whose employees your organizat	derived income or other economic ion represents or is actively seek	c benefit of ing to represent.
Name and address of Employe	er (including trade name, if any).	7 a. Nature of Interest, Transaction, or Income.	
ame	•		
rade Name, if any		'	
.O. Box, Bldg., Room No., if a	เสง		
.o. box, blug., Nooth No., if ady		7 b. Amount.	
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Street		: 7 b. Amount.	
Street	 ZIP Code + 4	. 7 U. AHIOGHE.	
Street		nature	
Street State 15. Signature and verification submitted in this report (including the submitted the submit	Sign. The undersigned declares, under penalty of ing the information contained in any accompanibelief, true, correct, and complete. (See the se	nature Penjury and other applicable penaltic ying documents), has been examined ection on penalties in the instructions.	by the signatory and is, to the best of the

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise
Name and address of Business (including trade name f any)	9. Business deals with:
Name	
Trade Name, if any	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Ccde + 4	
State Zii Gede . 2	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	612 12
Name UPML HEALTH PLAN	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street / CHATHAM CENTER 172 WASN. PLACE	
City PG H. 1	
State PA. ZiP Code + 4 152 12	
	14.b. Amount of payment.
13 b. Is the Business an Employer or Consultant?	APPROX. ZOO. OU

Name of Person Filling WILL	IAM J. MEYER	

F le Number U-

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionable of any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any) Name Trade Name, if any: P O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name ' Trade Name, if any: P O. Box, Bidg., Room No., if any	11.a. Nature of such dealing.
Street City State ZIP Coda + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	12.b. Amount. er parts A and 8 above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name HIGHMARK BLUE CRUSS BLUE SHELLA Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 120 FIFTH AUC. City PGH. State M. ZIP Code +4 15212	14.a. Nature of payment.
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment APPROX. 8 Zoo. au

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
State ZIP Code + 4			
10, if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name ·			
Trade Name, if any:			
P O. Box, Bidg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and 8 above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 606 F. JUNE 2004 - 125.00		
Name YANNI AND COMPANY	GOLF OCT. ZOOR 175.00		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 4 ZU = ONT DUQUESNU BLVO. SUPPLE City PGH.	Gau .		
State 7/2. ZIP Code + 4 /5222			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. APRROX. N3 60.00		